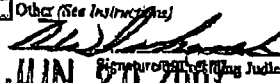



CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT COUNSEL (3-99)

1. CIRCUIT/ DIV. CODE		2. PERSON REPRESENTED Jae Hee Kim		VOUCHER NUMBER																																																																																																																																																													
3. MAG. DKT/DEF. NUMBER		4. DIST. DKT/DEF. NUMBER CR 05-00005-SJO		5. OTHER DKT. NUMBER																																																																																																																																																													
7. IN CASE/MATTER OF (Case Name) USA v. Jae Hee Kim		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED <input type="checkbox"/> Adult Defendant <input checked="" type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee Other:																																																																																																																																																													
10. REPRESENTATION TYPE (See Instructions)																																																																																																																																																																	
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense.																																																																																																																																																																	
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS Phillip A. Treviño 137 North Larchmont Blvd., #801 Los Angeles, CA 90004 Telephone: (213) 949-8000			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs for Retained Atty. <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, this attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input checked="" type="checkbox"/> Other (See Instructions)  JUN 20 2007 Date of Order: 6/14/2007 Name Pro Time Date: _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment: <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																																														
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per Instructions)																																																																																																																																																																	
<div style="text-align: center;">  JUL 20 2007 PETER L. SHAW OFFICE OF THE DELLAYE COMMISSIONER </div>																																																																																																																																																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">CATEGORIES (Attach itemization of services with dates)</th> <th>HOURS CLAIMED</th> <th>TOTAL AMOUNT CLAIMED</th> <th>MATH/TECH. ADJUSTED HOURS</th> <th>MATH/TECH. ADJUSTED AMOUNT</th> <th>ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="7" style="writing-mode: vertical-rl; transform: rotate(180deg);">In Court</td> <td>a. Arraignment and/or Plea</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Bail and Detention Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Motion Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Trial</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>e. Sentencing Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>f. Revocation Hearings</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>g. Appeals Court</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td rowspan="5" style="writing-mode: vertical-rl; transform: rotate(180deg);">Out of Court</td> <td>h. Other (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>a. Interview and Conferences</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b. Obtaining and reviewing records</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>c. Legal research and brief writing</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>d. Travel time</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">e. Investigative and other work (Specify on additional sheets)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="2">18. Other Expenses (other than experts, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="6">19. CERTIFICATION OF ATTORNEY/PAYEE FOR TIME PERIOD OF SERVICE FROM: _____ TO: _____</td> </tr> <tr> <td colspan="4">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td colspan="2">21. CASE DISPOSITION</td> </tr> <tr> <td colspan="6"> 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO Supplemental Payment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear to affirm the truth or correctness of the above statements. </td> </tr> <tr> <td colspan="6">Signature of Attorney _____ Date: _____</td> </tr> <tr> <td colspan="2">23. IN COURT COMP.</td> <td colspan="2">24. OUT OF COURT COMP.</td> <td colspan="2">25. TRAVEL EXPENSES</td> </tr> <tr> <td colspan="2">26. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td colspan="2">27. TOT. AMT. APPROV. CERT.</td> <td colspan="2">28. JUDGE/MAG. JUDGE CODE</td> </tr> <tr> <td colspan="2">29. IN COURT COMP.</td> <td colspan="2">30. OUT OF COURT COMP.</td> <td colspan="2">31. TRAVEL EXPENSES</td> </tr> <tr> <td colspan="2">32. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DIST. JUDGE) Payment approved in excess of the statutory threshold amount</td> <td colspan="2">32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> </tr> <tr> <td colspan="2"></td> <td colspan="2">34. JUDGE CODE</td> <td colspan="2"></td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW	In Court	a. Arraignment and/or Plea						b. Bail and Detention Hearings						c. Motion Hearings						d. Trial						e. Sentencing Hearings						f. Revocation Hearings						g. Appeals Court						Out of Court	h. Other (Specify on additional sheets)						a. Interview and Conferences						b. Obtaining and reviewing records						c. Legal research and brief writing						d. Travel time						e. Investigative and other work (Specify on additional sheets)							17. Travel Expenses (lodging, parking, meals, mileage, etc.)							18. Other Expenses (other than experts, transcripts, etc.)							19. CERTIFICATION OF ATTORNEY/PAYEE FOR TIME PERIOD OF SERVICE FROM: _____ TO: _____						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION				21. CASE DISPOSITION		22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO Supplemental Payment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear to affirm the truth or correctness of the above statements.						Signature of Attorney _____ Date: _____						23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		27. TOT. AMT. APPROV. CERT.		28. JUDGE/MAG. JUDGE CODE		29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DIST. JUDGE) Payment approved in excess of the statutory threshold amount		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED				34. JUDGE CODE			
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																																																																																																											
In Court	a. Arraignment and/or Plea																																																																																																																																																																
	b. Bail and Detention Hearings																																																																																																																																																																
	c. Motion Hearings																																																																																																																																																																
	d. Trial																																																																																																																																																																
	e. Sentencing Hearings																																																																																																																																																																
	f. Revocation Hearings																																																																																																																																																																
	g. Appeals Court																																																																																																																																																																
Out of Court	h. Other (Specify on additional sheets)																																																																																																																																																																
	a. Interview and Conferences																																																																																																																																																																
	b. Obtaining and reviewing records																																																																																																																																																																
	c. Legal research and brief writing																																																																																																																																																																
	d. Travel time																																																																																																																																																																
e. Investigative and other work (Specify on additional sheets)																																																																																																																																																																	
17. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																																																																																																	
18. Other Expenses (other than experts, transcripts, etc.)																																																																																																																																																																	
19. CERTIFICATION OF ATTORNEY/PAYEE FOR TIME PERIOD OF SERVICE FROM: _____ TO: _____																																																																																																																																																																	
20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION				21. CASE DISPOSITION																																																																																																																																																													
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO Supplemental Payment: <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear to affirm the truth or correctness of the above statements.																																																																																																																																																																	
Signature of Attorney _____ Date: _____																																																																																																																																																																	
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES																																																																																																																																																													
26. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER		27. TOT. AMT. APPROV. CERT.		28. JUDGE/MAG. JUDGE CODE																																																																																																																																																													
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES																																																																																																																																																													
32. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DIST. JUDGE) Payment approved in excess of the statutory threshold amount		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED																																																																																																																																																													
		34. JUDGE CODE																																																																																																																																																															